POPULATION TODAY

Vol. 15, No. 11 November 1987

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Courtesy of U.S. Census Bureau

"Thank you, Miss, but the Bureau has no category for enumerating impossible little brothers." (See page 3.)

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FROM THE EDITOR'S DESK

Here's a question for statistical junkies everywhere. What's the *least* valuable demographic measure you've ever had occasion to use?

Measures like sex ratio or birth rate or total fertility rates are essential for demographers. But somewhere along the line, the scores of measures available for deployment get increasingly hazy. Some contenders:

The general fertility rate (births per 1,000 women of childbearing age) is merely an appetizer; most people leap straight to the main course of total fertility rates and leave it at that. The U.S.'s general fertility rate was 65 in 1986, by the way.

The net reproduction rate (average number of daughters born to a woman, taking women's mortality rates into account as well as their fertility) is a valuable measure of fertility. The U.S.'s is about 0.9, but good luck obtaining this rate for nearly all other countries in the world.

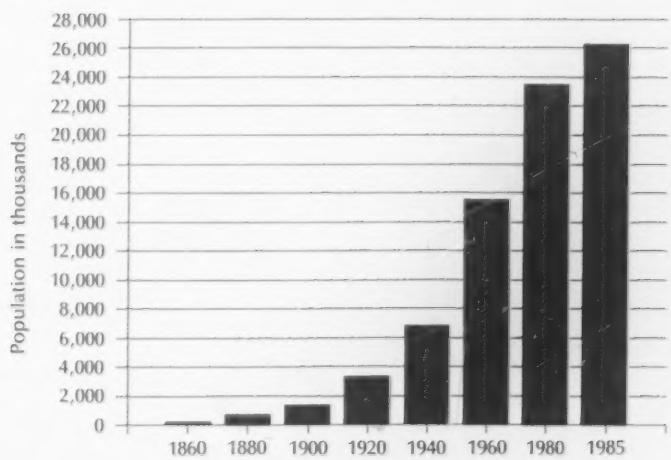
The remarriage rate, probably the most abstruse of them all, measures the number of remarriages per 1,000 population at risk, so to speak (the widowed and divorced). Simple so far, but does it go up and down? And when it does, what kind of grand demographic picture does one obtain?

Beats us. Of course, one person's bafflement is another person's research grail. If you have strong feelings (pro or anti) about the above measures, or have other candidates, let us know.

— Art Haupt

SPEAKING GRAPHICALLY

California from 1860 to 1985



Source. Leon F. Bouvier and Philip Martin, *Population Change and California's Education System*, Population Reference Bureau, Inc., 1987.

California's migration-fueled population growth since 1940 (380 percent) exceeds the growth of many countries (including Tanzania, which had about the same population as California in 1940, but has grown to only 23.5 million today).

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POPULATION TODAY, the newsmonthly of population and demography, is published 11 times a year (a combined issue in July/August) by the Population Reference Bureau, Inc., founded in 1929, a nonprofit organization engaged in the objective dissemination of population information. The views and opinions of POPULATION TODAY's contributors are their own and do not necessarily reflect those of PRB.

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Back Issues: Back issues of POPULATION TODAY and its predecessor INTERCOM are available in limited quantities from PRB for $2.00 per copy.

Mailing: Printed in Washington, D.C. Mailed nonprofit postage rate in the United States; printed matter surface rate to Canada, Mexico, and to foreign subscribers.

Address Changes: Send current PRB address label and new address; please allow eight weeks for change.

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ISSN 0749-2448

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Slightly Shrunk, Census to Proceed

The latest round in the controversy of the Office of Management and Budget's (OMB) proposal to eliminate 30 questions from the 1990 U.S. Census is over. A review of the aftermath suggests that there were no winners.

The OMB's proposals (see the October issue of *PT*) were greeted with an outcry from planners, demographers, and many users of census data, as might have been expected. On Sept. 16, OMB backed off from its original proposal, restoring nearly all of the proposed deletions. Major census questions such as those on children ever born, a primary source of fertility analysis, and residence five years ago, an important source of migration data, have been preserved.

But in what many see as a face-saving measure, three housing questions have been ordered dropped. Questions H16, H17, and H18, which gathered data on type of heating equipment, type of heating fuel, and the cost of utilities, have been eliminated. These data have been used for many decades to study shelter costs and to gauge the impact of heating fuels upon natural resources.

Housing data received a second body blow when seven items were moved from the "short form," which canvasses 100 percent of U.S. households, to the "long form," which is sent to a sample. Information items such as number of rooms and value of dwelling (see box) will now appear only on the long form.

While housing data obviously suffered a worse fate than population data, the OMB also imposed a more serious constraint: the limitation of the size of the sample population which will receive the long form to 10 million households. Previously, about 16-17 million households were scheduled to provide answers to the sample questions. The census is designed so that all U.S. households need only respond to "basic" census questions such as age, race, and marital status. The more detailed items have been sent to about 1 in 6 households, a sampling percentage designed to provide data for smaller geographic areas such as cities or counties at the lowest possible cost and "respondent burden."

U.S. Census Bureau/Mark Mangold

The Census's form-reader machine will have fewer questions to scan.

Respondent burden is one reason given by the OMB for new restrictions on the nation's decennial data gathering. In this connection, the OMB is fulfilling its role as the enforcer of the Federal Paperwork Reduction Act. This rationale would seem to be contradicted by the Commission Report that led to the passage of the Act itself. In its report, the Commission on Federal Paperwork concluded that the once-in-10-year burden was "moderate," noting that the short form census sent to all households took about 15 minutes to fill out and the long form sent to about 20 percent of households in 1970, about 40 minutes. The Commission also cited the fact that the vast majority of households now receive the census on a mail-out, mail-back basis. With this method, a householder may fill out the form at a convenient time and need not accommodate the possibly inconvenient visit of an enumerator.

The reduction in the size of the sample population slated to receive the long form may be the more serious blow. Although Census Bureau officials believe that most of the more detailed tables will still be published, the large increase in the sampling error will cause significant problems for analysts. It is too soon to estimate the full extent of the damage, but serious problems could arise if data required for Federal programs and voting rights legislation are jeopardized. The problem could be more acute in the more densely settled census tracts since the OMB also set a maximum sample of 1 in 20 households in those areas (1 in 2 is allowed for more sparsely populated areas).

The Census Bureau reaction at present has been to accept the restrictions, an unavoidable position given the time available between now and the Census "dress rehearsals" in 1988 to be conducted in Sacramento, Calif. and rural Washington. Census topsiders have stated that they can "live with" matters as they stand "for 1988."

(This report is based upon conversations with officials; some of the provisions could have changed since that time and some judgments of their impact are necessarily preliminary.)

– C.H.

Questions Deleted from All Census Forms

H16. Type of heating equipment
H17. Fuel used for heating water
H18. Yearly cost of utilities and fuels

Questions Moved from 100-Percent Form to Sample Form

H3. Number of rooms in housing unit
H4. Presence of complete plumbing facilities
H5. Whether housing unit is part of a condominium
H6a. Is housing unit on ten or more acres?
H6b. Whether business or store is on property
H7. Presence of telephone
H9. Value of home (if buying)
H10a. Monthly rent
H10b. Are meals included in rent?

What's Up in Kenya? (Besides Population)

That Kenya has one of the world's fastest-growing populations is an often repeated story. The population will double from the current 22.4 million to 44.8 million in the next 18 years if the 3.9 percent annual population growth rate holds steady.

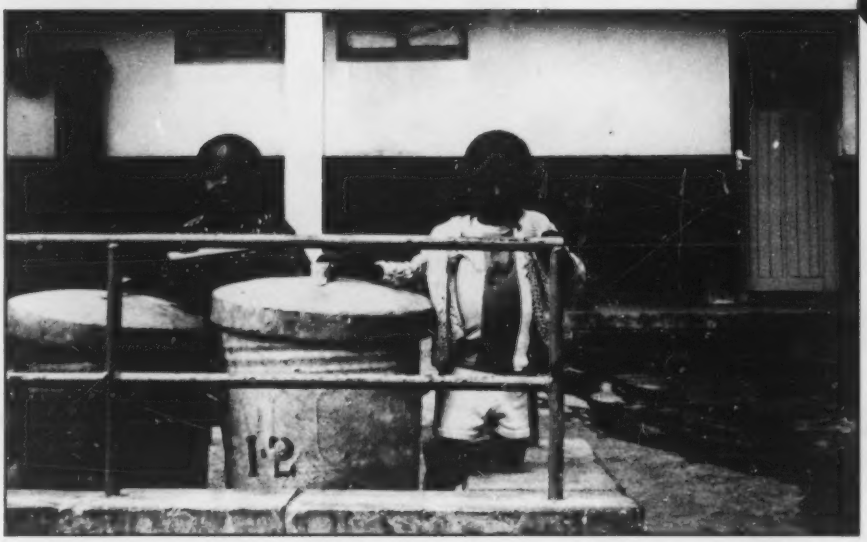
Yet there are some hints that things are changing. Kenya's President, Daniel Arap Moi, and Vice-President, Mwai Kibaki, have both recently put population on the top of their personal agendas. The Government has just launched a renewed campaign to increase the "awareness of the *wananchi* [citizenry] about the relationship between the growth of population on the one hand and economic progress on the other."

Of course, information alone will not solve Kenya's problems. As the Vice President has noted, Kenya has before it the "mighty task of bridging the gap between awareness and practice."

Is there any progress to report? The national statistics are not too encouraging – contraceptive prevalence is slowly increasing and currently stands at 20 percent of eligible women. And the government family planning program is not very effective in recruiting or keeping family planning clients. However, there are some smaller scale, private family planning programs under way which demonstrate that Kenyans are receptive to family planning if they have access to appropriate, well-run services.

Chogoria Hospital, for example, founded by a Scottish missionary on the eastern slopes of Mount Kenya in 1922 and now run by the Presbyterian Church of East Africa, has dramatically reduced the fertility rate among the 300,000 people in its region. A survey of the region conducted by the U.S. Centers for Disease Control in 1985 showed that 43 percent of its married women use some form of contraception. Even more significant, women in the Chogoria area have a total fertility rate of 5.2 lifetime live births compared to 7.7 for Kenya as a whole (recorded by the 1984 Kenya Contraceptive Prevalence Survey).

Nancy Yinger



Children of families served by clinic funded by British American Tobacco Co. (BAT).

The key to Chogoria's successful community-based family planning program has been the harnessing of the people's tradition of *harambee*, or self-help. The area is blanketed by a grassroots cadre composed of 40 volunteer village health committees, 32 paid nurses, 35 paid field educators, 500 volunteer family health workers, and 250 trained traditional birth attendants. Constant feedback up and down the personnel ladder ensures that the program remains responsive and flexible.

Because of its closely woven network, Chogoria is not a model which can be easily copied throughout the whole country. However, 40 percent of health care services in Kenya are provided by church-run hospitals; Chogoria may be a model for them. And the hospital system makes a basic point: Family planning programs can be effective in Kenya if thoughtfully designed.

The Family Planning Private Sector Project (FPPS), funded by the U.S. Agency for International Development and implemented by John Snow Inc., began operations in 1984 with a mandate to help Kenya's private sector include family planning services in the health services already provided to workers and their dependents. Originally funded through September 1987 with a goal of 30 subprojects and 30,000 family planning acceptors, the project has been extended for two more years, at the personal request of the Vice President. The original targets have already been met; the new goals are for a total of 50 subprojects and 50,000 acceptors.

FPPS's strategy is first to convince a company, plantation, para-state organization, private clinic, or school that its social and economic interests would be served by adopting a strong family planning program. Then, health clinic staff are trained and programs designed to carry out the individual projects. Finally, the workers are educated on the economic and health benefits of smaller families, and provided with appropriate information, contraceptives and follow-up services. FPPS supports individual projects for two years and then leaves it to the companies to run and finance their own programs on a permanent basis.

Why does this approach work? Kenya does have one of the largest and most socially responsible nongovernmental sectors in Africa. Many of FPPS's most successful subprojects have been with companies which provide workers and their families with housing, schools, and health services. If the workers have smaller families, the need for social services will expand at a slower

Continued on page 9

Closet Marriages... in California

In 1986, approximately 225,000 marriages were performed in California. One-third of these were "confidential marriages."

Section 4213 of the California Civil Code allows unmarried couples who have been living together for any amount of time (there is no duration requirement) to get legally married without obtaining a marriage license or health certificate.

This unusual wrinkle in marital law was first authorized by statute in 1877-1878; the law provided that unmarried persons living together as husband and wife could be officially married by a clergyman without a marriage license. A record of the marriage was then filed among the clergyman's church records.

The intent of the statute was to make the children of such relationships legitimate. In the past, children born to unmarried women were not entitled to a portion of their father's estate.

Today this discreet method of marrying has metamorphosed into a way of saving a couple money; confidential marriages do not require a $25-$40 blood test. The "chaplain" at these modern-day nuptials is a notary public, who can buy blank marriage licenses so that the couple does not have to appear before the county clerk. Records of these marriages are deposited with the county government, which keeps them under seal.

Because there is no waiting period, the confidential marriage process makes spur-of-the-moment decisions possible. It also helps the state, by siphoning off some business that would otherwise go to neighboring Nevada.

Since 1972, when statute changes in California law required periodic reporting of health information to the California State Department of Health Services, confidential marriages have increased steeply; this year some 85,000 are expected, according to David Mitchell, chief of the state's Vital Statistics Branch in Sacramento.

– A.v.C.

SURVEY REPORT

Liberia

Located along the Western coast of Africa, Liberia has a relatively small population of 2.3 million and low population density, but heavy migration into a few urban areas from the rest of the country is taxing social and health services in those areas. Liberia's agricultural land, which provides employment for 72 percent of the labor force and produces about 15 percent of the exports, is deteriorating from poor farming techniques, prompting many to move to the city. Mining of iron ore, diamonds, and other minerals accounts for most of the country's exports, but employs only 5 percent of the labor force.

The Liberian Demographic and Health Survey (LDHS), part of the DHS project administered by Westinghouse's Institute for Resource Development, queried 5,200 women aged 15 to 49 about childbearing, health, and family planning practices from March to July 1986.

Preliminary results from the 1986 LDHS indicate that the average Liberian woman has about 6.6 lifetime births, and found no evidence of recent decline in the birth rate. Women age 45 to 49, near the end of their childbearing years, reported having an average of 6.8 children, but only 4.7 of those were still living, indicating a high level of mortality. In 1987, an estimated 127 of every 1,000 newborn infants dies in the first year. Average life expectancy is about 50 years.

Only 6.5 percent of the women in union were using a family planning method at the time of the survey. Fifty-two percent of these women were using the pill, 17 percent were sterilized, and 32 percent used another modern method like the IUD or injectibles. Surprisingly, women who were not married or in a stable union were more likely to be using a contraceptive, other than sterilization, than in-union women. Of all women surveyed, 8.4 percent were using family planning in 1986.

Highest use rates were recorded among women with some formal education: 25 percent of the women in union with a primary or higher education were using a family planning method. But this is a small minority; among the survey sample, 64 percent of the women in union had received no formal schooling.

The majority of women in union wanted another child, but about 33 percent preferred delaying their next pregnancy for at least two years. About 17 percent said they did not want any more children. These two groups – women wanting to delay or to prevent a pregnancy – can be considered potential candidates for family planning use according to the report, indicating a substantial unmet need for family planning services. Many women cited fear of side effects and lack of availability or knowledge of methods as reasons why they did not use contraceptives. One-third said they were not using a method because they were still breastfeeding their last baby.

A majority of children under age 5 had been ill with fever, diarrhea, or respiratory or other disease in the month preceding the survey. The types of treatment mothers administered for diarrhea varied from antibiotics and country medicine to nothing; less than 10 percent had received oral rehydration salts. Almost three-fourths of the children suffering from fever had been given antimalarial drugs in the previous month, reflecting the high incidence of malaria among the population.

– M.K.

DEMOGRAPHER'S PAGE

U.S. Abortions Up? Down?

by Carl Haub and Mary Kent

New figures just published by the Centers for Disease Control (CDC) in Atlanta show that the number of abortions performed in the United States declined between 1982 and 1983, the first decline registered since record keeping began in 1969. Media reports of this decrease resulted in the public impression that some sort of significant downturn had occurred. However, the Alan Guttmacher Institute (AGI), the other primary source of abortion data, showed a slight increase in those two years, an increase which has continued through 1985, the most recent year for which AGI has compiled data.

Is the number of abortions decreasing, increasing, or remaining stable? What does it mean in relation to the annual number of births or pregnancies in the U.S.? To answer these questions, we must examine the primary sources of data and the measures used to analyze them.

Sources of Data

There are three major sources of data on the number of abortions and the women who have them in the U.S., but only two of these report national level figures. One of these is from CDC, which has been collecting abortion data since 1969 as part of an attempt to track abortion-related maternal deaths. Partially because of the work of CDC, the annual number of abortion-related maternal deaths fell from 90 to 14 between 1972 and 1983. Only one of the deaths recorded in 1983 was attributed to an illegal abortion, compared to 39 deaths resulting from illegal abortions in 1972.

The CDC receives official reports of the number of abortions and characteristics of the women who had them from state health departments or from hospitals in accordance with state law. The CDC counts reflect the completeness and accuracy of each state reporting agency. In 1969, when abortion was illegal or restricted in many states, only 10 states reported to CDC, but all 50 states and the District of Columbia have submitted annual reports since 1973.

These official tallies miss illegal abortions, and some abortions are purposely misclassified as another medical procedure to protect a woman's confidentiality. But, according to CDC's Tedd Ellerbrock, CDC's figures can indicate the trends in abortions and the general levels, even if they cannot record every procedure.

The Alan Guttmacher Institute (AGI), a private research organization, is the other major source of national abortion data. It collects data by attempting to survey every hospital, medical clinic, or physician's office which might provide abortions. AGI researchers use telephone directories, newspaper articles, and contacts with local family planning agencies to locate potential abortion providers. Several attempts are made to ensure completion of each AGI questionnaire.

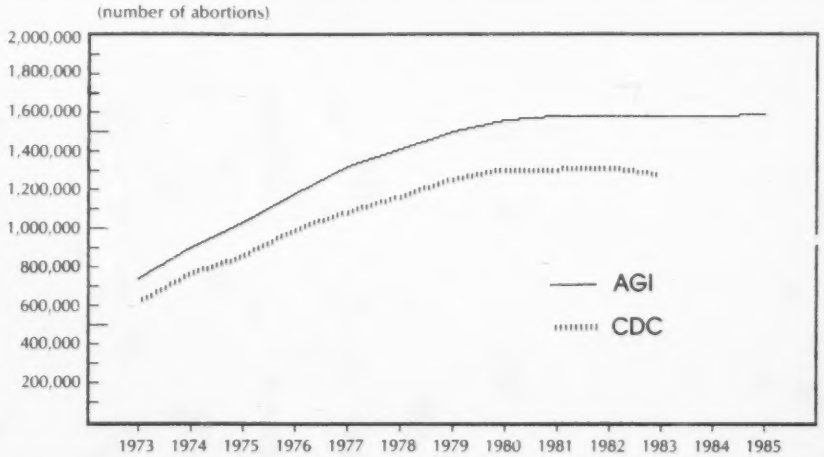
AGI has carried out nine such national surveys, and its estimates are acknowledged to be the most complete available for the United States. The estimates include the number and geographic location of abortion providers, but they lack data on the characteristics of the women who obtain the abortions.

The National Center for Health Statistics has also published abortion data since 1978; however, the data cover, at most, only 13 states. For most states, figures are identical to the CDC reports, and they suffer from the same limitations as CDC data, but they do include detailed characteristics of the women.

The number of abortions estimated by the two main data sources is portrayed in the figure below, showing that while the AGI numbers are much higher, both CDC and AGI appear to be capturing a similar trend. The number of abortions sharply increased between 1973 and 1980, but have leveled off since then. The more complete AGI numbers suggest that about 1.6 million abortions have been performed annually in the U.S. since 1980.

Researchers feel that reporting of abortions may have been less complete in recent years because the widely publi-

Number of Abortions, U.S., 1973–1985 (as reported by AGI and CDC)



CDC = Centers for Disease Control data
AGI = Alan Guttmacher Institute data

Carl Haub and Mary Kent are
Demographers at PRB

cized political opposition and even violence against abortion clinics and their physicians makes these providers less willing to respond to a survey or file reports. This reluctance to report could be responsible for some of the leveling off of abortion estimates, and for the divergence in CDC and AGI figures after 1982. By 1985, the number of abortion providers identified by AGI had also dropped by 228 from a peak of 2,908 in 1982.

The Measures

How do the number of abortions relate to the annual births and pregnancies? The **abortion ratio** (or the number of abortions per 1,000 births) and the **abortion rate** (the number of abortions per 1,000 women ages 15-44) are the two measures commonly used to relate abortions to overall fertility in a population. A third measure, an **abortion/pregnancy ratio,** published by AGI, attempts to measure the proportion of pregnancies ending in abortion by dividing the number of abortions by the number of live births plus abortions. These measures increased rapidly between 1973 and 1977, then leveled off and appear to have declined since 1983, as shown in the table, meaning that a smaller proportion of pregnancies are ending in abortion.

The abortion rates and ratios may be leveling off because women are better able to prevent unwanted pregnancies than in the past. Other explanations include a greater tendency to carry unwanted pregnancies to term (consider the fact that the birth rate for unmarried women has increased in recent years), or a decline in the availability of abortion due to economic or political pressures.

The characteristics of the women obtaining abortions have shifted over the past decade. Compared to 1973, the women who obtained legal abortions in 1983 were more likely to be unmarried, black, and over age 20 than in 1973. Also, compared to 1973, women were more likely to seek abortions earlier in their pregnancy – over three-fourths were performed in the first 10 weeks – and use them to prevent a first birth rather than a higher order birth. Of the women who obtained an abortion in 1983,

- 68 percent of the women were white, 32 percent non-white
- 79 percent were single, divorced or widowed
- 27 percent were under age 20; 35 percent, 20 to 24; and 38 percent, 25 or older
- 57 percent had never had a child, 21 percent had one child
- 50 percent had the abortion in the first 8 weeks of pregnancy

Are abortions declining in the U.S.? The measures of the two groups which survey abortion trends disagree, but they both show that the rapid increase in abortions experienced during the 1970s has leveled off, and that the ratios of abortions to births and to pregnancies have declined.

Abortion Rates and Ratios, United States, 1973-1985

	Abortion Rate (per 1,000 women 15-44)		Abortion Ratio (per 1,000 births)			Abortions (per 1,000 known pregnancies)
	AGI	CDC	AGI	CDC	NCHS*	AGI
1973	16	14	239	196	–	
1974	19	17	282	242	–	220
1975	22	18	331	272	–	249
1976	24	21	361	312	–	265
1977	26	22	400	325	–	286
1978	28	23	413	347	–	292
1979	29	24	420	358	391	296
1980	29	25	428	359	388	300
1981	29	24	430	358	391	301
1982	29	24	428	354	374	300
1983	29	23	433	349	361	304
1984	28	–	430[a]	–	364	297
1985	28	–	428[a]	–	–	298

*13 reporting areas.

[a]Calculated by Population Reference Bureau based on reported AGI abortions

Note: AGI = Alan Guttmacher Institute (Henshaw et al., Tietze and Henshaw).
CDC = Centers for Disease Control (Ellerbrock et al.).

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Decision Demographics Opens for Business

Decision Demographics, a new consulting service for business, has just been launched by PRB.

The new venture constitutes "a concerted effort by PRB to serve the business community – in fact, the first effort by any major demographic establishment to reach out to business," according to general manager Stephen J. Tordella. With assistance from PRB demographers, Decision Demographics will "provide demographic analysis to fit the client's exact needs."

Clients will receive customized data and interpretation rather than computer-generated, generic information, according to Tordella. And "backed by PRB professionals, Decision Demographics can make better business projections than anyone else in the business."

Besides custom estimates and projections, Decision Demographics' services include conducting comprehensive "inventories" of demographic and other data resources for a business. Based on the inventory, Decision Demographics will help clients compile and interpret information most relevant to their products or services.

Market potential profiles is another Decision Demographics service. Here, implications of demographic, social, and economic trends for a particular industry will be explored for purposes of strategic planning by an individual business as well as industry associations. These reports will take the form of sections in annual reports, special association studies, and presentation and training sessions.

Another focus for the new firm is organizational demographics. Large companies' employees and dependents form a group whose characteristics can have major financial implications for health care and other fringe benefits. Another "organizational demographics" analysis problem concerns the labor pool available. (McDonalds now complements their traditional teen labor force with retirees.)

Tordella has served as demography center director and technical services director at CACI, a Washington, D.C.-based consulting firm. Prior to CACI, he spent 10 years as a consultant with the Applied Population Laboratory at the University of Wisconsin-Madison.

A wholly owned subsidiary of PRB, Decision Demographics supplants and expands PRB's previous analysis service, DISC, Inc., in offering specialized demographic consulting services beyond those available to the public from PRB's regular information resource center.

Decision Demographics joins the ranks of many firms in the commercial population data industry – one which generates $40 to $50 million annually and serves thousands of clients. The major players in that industry, however, are more data-product oriented than analytic. To make data truly useful, it is necessary to present the specific information the client needs and to interpret the data. "That's where Decision Demographics fits in, our niche," says Tordella, "and we have the demographers to do it."

For further information about Decision Demographics, contact:

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Hispanic Update

Newly revised estimates of the U.S. Hispanic population from the Census Bureau, based on the Current Population Survey (CPS), indicate faster growth in that population than previously suggested. The Bureau estimates that the Hispanic population grew from 14.6 million at the 1980 Census to 18.8 million by March 1987, an eye-catching 30 percent. This rate of growth was five times that of non-Hispanics.

The new estimates incorporate an allowance for estimated illegal immigration since 1980. This provision has the effect of adding 141,000 persons to the Hispanic population each year. This increase, however, is partially offset by a larger estimate of annual emigration, −31,000 for Hispanics, which is now being used. The net effect is to add 110,000 more Hispanics per year, a figure which accounts for 18 percent of the nation's population growth since 1980.

The CPS also showed that about 1 in 4 Hispanic families were below the poverty level in 1986 and that, overall, their median income was about one-third below that of non-Hispanic families, $19,995 vs. $30,231. These income estimates represented about a 10 percent increase in the income for non-Hispanics since 1981, but no increase for Hispanics.

The estimates for the number of Cubans and Puerto Ricans within the U.S. Hispanic population give cause for concern in that both of these populations have shown a decrease since 1985 in the CPS estimates. Such decreases would certainly be unexpected. The Cuban population's decline from 1,036,000 in 1985 to 1,017,000 in 1987 could be attributed to normal sampling error, but the anomaly in the Puerto Rican population was too large for that explanation. Puerto Ricans, estimated at 2,562,000 in 1985, were put at 2,284,000 in 1987. The Bureau will be conducting research into the possible causes of the decrease, particularly into nonsampling errors such as response variability or definitional difficulties.

– C.H.

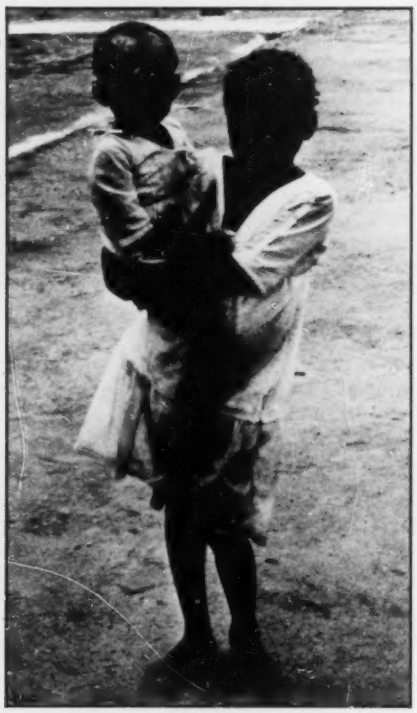
Kenya

Continued from page 4

rate – a saving for the companies. Also, for companies that hire a high proportion of women, fewer babies mean fewer missed days of work for maternity leave. So a profit motive can be added to the companies' social responsibility.

FPPS has also made creative use of local artists and folk media to capture the interest of potential family planning clients. Some of East Africa's best artists have been commissioned to prepare posters on population and development issues, and family planning/health songs, dances, poems, and drama, in traditional local styles, have been developed and performed by local troupes.

Nancy Yinger



Nairobi's new generation.

Kenya is not on the threshold of achieving a one- or even a two-child family. However, the government is beginning to display a deeper commitment to slowing its rate of population growth. Further, projects like Chogoria and FPPS show that many Kenyans do recognize the health and economic benefits of smaller families and will adopt family planning if the services are offered in appropriate ways.

– Nancy Yinger & Win Carty

SOFTWHERE

POPLAC, a nonprofit professional association of microcomputer users interested in population activities, is expanding its focus from the Western Hemisphere and the Caribbean regions to worldwide. Since its inception two years ago, POPLAC has outgrown its original mandate to provide software and hardware information to organizations working with and in Latin America and the Caribbean. After September 1988 POPLAC will become self-supporting. To achieve this goal it is seeking the involvement of all interested persons and organizations. At this time the group has more than 500 paying members from a wide and diverse group of organizations dealing with population issues. The new worldwide recruitment drive is also aimed at individuals outside the population community who use microcomputers.

POPLAC's membership fees are as follows: Organizations or individuals in Latin America, Asia, Near East, or Africa (except Japan, Hong Kong, Singapore, or Israel): $15.00. For other countries both individual and organization memberships are $25.00. To request an application form and a sample newsletter write: POPLAC, c/o Social Development Center, 1313 East 60th Street, Chicago, Ill. 60637.

– D.L.

POPULATION UPDATE

Estimated United States Population:

As of June 1, 1987	243,571,000
As of June 1, 1986	241,403,000

The above estimates include armed forces overseas and are from U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1007.

Estimated World Population:

As of November 1987	5,062,000,000
Annual growth	87,000,000

Estimated by extrapolation from the mid-1987 population on PRB's *World Population Data Sheet.*

Latest Provisional Statistics for the U.S.: June 1987

	12 months ending with June					
	Number		Rate			
Item	1987	1986	1987	1986	1985	1984
Live births	3,767,000	3,744,000	15.5	15.6	15.8	15.5
Deaths	2,103,000	2,092,000	8.7	8.7	8.8	8.6
Natural increase	1,664,000	1,652,000	6.8	6.9	7.0	6.9
Marriages	2,438,000	2,404,000	10.1	10.0	10.3	10.4
Divorces	1,166,000	1,180,000	4.8	4.9	4.9	4.9
Infant deaths	38,100	39,300	10.1	10.5	10.6	10.8
Population base (in millions)	...	...	242.4	239.9	237.3	234.9

Note. Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births.

Source: Monthly Vital Statistics Report (Vol. 36, No. 6) from the National Center for Health Statistics.

TAKE A NUMBER

Report on Centenarians: A recent Census Bureau report put the number of U.S. centenarians in 1986 at 25,000, up from about 15,000 in 1980. (The latter is based upon Social Security records; analysis of the 1980 Census count of 32,000 showed a good deal of age overstatement and respondent errors.)

By 2000, this oldest of age groups will number about 100,000 and by 2080 their numbers should be approaching the 2 million mark. The odds of surviving to age 100 in 1879 were 400 to 1, but in 1980 the odds of a newborn reaching the century mark improved to a surprising 87 to 1, a result, of course, of rising life expectancy. Beyond age 100, further longevity is less likely with the 105+ age group only 10 percent the size of the 100+ population.

The Driver's License Address Change Composite Migration Estimating Method?: How's that? Yes, for California, the DLACCMEM is one of the methods the Census Bureau uses in its painstaking estimate series for all 3,138 U.S. counties and county equivalents. The 1986 edition of this valuable and widely-used series has recently been issued by the Bureau and contains some interesting observations. For one, Los Angeles County alone grew by over 800,000 from 1980 to 1986 and the state of California added 3.3 million people – a group the size of the population of Colorado. It may come as a surprise to some that none of New York City's counties declined in population. Even the Bronx added 25,000 people for a 2.1 percent increase. Richmond County (Staten Island) grew the fastest with an increase of 6.4 percent, or 23,000 people. At the same time, Westchester County, one of the city's major suburban areas, actually lost population, but only barely. Still, this seems to run counter to what one expects. County statistics fans will want to know that two new counties have been added since 1980, La Paz in Arizona and Cibola in New Mexico. And, Alaska has established the Northwest Arctic borough, which, however, is generally the same territory as the former Kobuk Census Area.

– C.H.

Family Planning Increase in Indonesia: The Department of Demography of the Australian National University reports that data from Indonesia's 1985 Intercensal Survey (SUPAS 1985) show a marked increase in family planning (a decrease in fertility had been reported in last month's *PT*). SUPAS 1985 estimates that contraceptive prevalence rose to 40 percent for women 15-44 in 1985 from 27 percent in 1980. The Indonesian rate may, however, be higher based upon national family planning program statistics (BKKBN), which suggest that 55 percent of Indonesian women 15-44 were using some form of family planning. These data may, in fact, yield a more reliable estimate; research indicates that the BKKBN rate may be in closer agreement with the reported SUPAS total fertility rate of 3.2 children per woman. A more complete report on fertility developments in this large Southeast Asian country will appear in *PT* when the full survey volume has been received.

ADDENDA

GRIN & BEAR IT — **By Wagner**

"This is the man I want to be the father of my children, Daddy . . . as soon as I find someone to have them for me."

CURRENT READINGS

PRB welcomes materials on population topics for possible inclusion in Current Readings. Publishers may address review copies to Book Review Editor, POPULATION TODAY, Population Reference Bureau, 777 14th St., N.W., Washington, D.C. 20005.

THE ECONOMICS OF MASS MIGRATION IN THE TWENTIETH CENTURY, edited by Sidney Klein. New York: Paragon House Publishers, 1987. 179 pages. $10.95 paper. ISBN 088702-213-8.

This book of five essays examines economic aspects of migration covering India, South Korea, Latin America, Australia, and New Zealand. The book points out that:

European migration to Latin America after World War II was extensive. Norman Plotkin observes that a total of about 5 million migrants came to South America to escape from war-torn economies of Europe; the majority of these immigrants came from Southern Europe. This movement slowed as Europe's economic recovery took hold.

Remittances from emigrants can contribute significantly to their original country's balance of payments. This has been the case in India, whose emigrants to developed countries since World War II consisted mostly of professionals. Remittances to Korea from Koreans working overseas were speculated to have amounted to $500 million by 1983, used mostly for land and housing improvements. (The increasing number of Korean emigrant entrepreneurs is expected to have an impact on the American enterprise scene in the future.)

Australia is able to control immigration tightly by virtue of its isolation. Economics from the Australian point of view has played a subordinate role in recent times compared to other admission criteria (such as ". . . race, national origin, family unification, defense, ecological population pressures . . ." as John F. Walker notes in his chapter.)

Edwin P. Reubens, in his overview on the cost/benefit of migration, says that on balance international migration is a positive-sum transaction for almost all parties. He suggests that migration be subject to multilateral agreements. And the authors stress that the surplus labor population reduction in the less developed countries is insignificantly affected in terms of overall available surplus labor.

—Alexander von Cube

DEATH, SEX, AND FERTILITY: Population Regulation in Preindustrial and Developing Societies, by Marvin Harris and Eric B. Ross. New York: Columbia University Press, 1987. 227 pages. $25.00. ISBN 0-231-06270-2.

Populations grow as a consequence of an excess of births over deaths (ignoring migration). Since prolonging life is considered to be a universal desire, control of fertility through the use of contraception is the focus of most discussion of social intervention in population growth.

In *Death, Sex, and Fertility*, anthropologists Harris and Ross argue that societies have long had mechanisms for control of population growth through mortality, and that demographers have for various reasons ignored this fact. In this ambitious study of human societies from the paleolithic period through the rise of the modern state to contemporary developing countries, they find ample evidence that many societies have effectively managed their population growth and that abortion and female infanticide have been among the primary methods. The quirks of the European demographic transition could be better understood with this in mind, the authors contend.

They review some of the evidence that biological factors affect fertility: for example, that malnutrition can depress fecundity, that prolonged breastfeeding extends the postpartum sterility of new mothers, and that physical stress can increase rates of spontaneous abortion. They also cite anti- or pronatalist laws and social conventions which directly or indirectly affect birth rates. For example, it may not be coincidence that 4th century Greeks, who wanted to slow population growth, tolerated, even fostered, homosexuality while the Romans, desiring a larger population to man the armies, condemned it. However, many of the fascinating case studies reported here focus on social control of which, or how many, children are allowed to survive to adulthood. Since female babies determine future population growth, Harris and Ross argue, they have consciously or unconsciously been subjected to abuse and neglect in order to encourage female mortality.

Current population policies affecting aid to developing countries, in denying access to abortions, have ignored the historical precedents of infanticide and pedocide. This moralistic shortsightedness will prolong the practice of "preferential mortality," a greater evil than abortion, say Harris and Ross. After pointing out many shortcomings of demographic theory, they conclude by agreeing with the general view that fertility control is the most humane and effective means to slow population growth.

—Mary Kent

SPOTLIGHT

COTE D'IVOIRE

Population (1986 est.): 10.8 million
Land area: 124,500 sq. miles
Births per 1,000 pop. (1986 est.): 46
Deaths per 1,000 pop. (1986 est.): 15
Rate of natural increase (1986 est.): 3.0 percent
Total fertility rate (1986 est.): 6.7
Infant mortality rate (1986 est.): 105 (infant deaths per 1,000 live births)
Life expectancy at birth (1986 est.): 52 years
GNP per capita (1986 est.): $620
Capital: Yamoussoukro

by Wendy Patriquin

The Republic of Côte d'Ivoire (formerly the Ivory Coast) lies on the south side of the West African bulge. French is the official language, but a large number of indigenous languages are also spoken.

Most Ivorians follow traditional beliefs, while about one-quarter are Muslim and 12 percent are Christian (mostly Roman Catholic). Although Yamoussoukro – the birthplace of the President – is the official capital, Abidjan (population: 1.7 million) remains the seat of government.

It is estimated that there are 2 million non-Ivorian Africans currently living in the country, mostly from the neighboring countries of Guinea, Mali, Burkina Faso, Nigeria, and Mauritania. There is also a large non-African expatriate community of about 35,000 French and 100,000 Lebanese.

Formerly a province of the Federation of French West Africa, the country achieved self-rule in 1958, and became fully independent in 1960 under President Felix Houphouet-Boigny, who was reelected to his sixth five-year term in October 1985. His continued leadership along with a high rate of economic growth and strong support from France have contributed to the stability of the regime.

Côte d'Ivoire since independence has been one of the most prosperous countries in Africa, with nearly 7 percent annual growth between 1960 and 1980. The largely agricultural economy employs about three-quarters of the labor force. The southern fertile region has proved to be excellent for growing the three major export items: coffee, cocoa, and timber.

Côte d'Ivoire is the largest producer of cocoa in the world, and the third largest producer of coffee (after Brazil and Colombia). The export of these three commodities accounts for about 75 percent of total export earnings, but crop diversification has been encouraged to lessen dependency on them. The country is also one of the world's largest producers of palm oil, and the government is striving to achieve self-sufficiency in rice by the end of 1987. Recent discoveries of oil are also helping to diversify the economy.

The government considers its anticipated population size satisfactory, and wishes to increase the rate of population growth through higher fertility by providing social welfare services, including child allowances and maternity benefits. It also desires to reduce the substantial flow of immigrants, and there is particular concern about the number of undocumented, illegal migrants and refugees in the country.

The population is characterized by a high growth rate – the latter has risen from 3.64 percent per annum over the period 1965-1975 to 4.3 percent since 1975; 1.3 percent of this is due to immigration. At this rate, and even without allowing for immigration, the population of Côte d'Ivoire will have doubled in 20 years. Immigration, for its part, has risen from 75,000 a year during the decade 1965-1975 to a current figure of 94,000. This factor considerably increases the overall rate of population growth. Furthermore, if current trends persist, the proportion of aliens in the resident population will increase from 25 percent in 1980 to over 30 percent by 1990.

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